



PATIENT

Little Red Forgeie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

3.4 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Plummer

INVOICE

72183

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- 5–6 wks severe weight loss (~2 kg), hyporexia, intermittent vomiting of clear/red-tinged fluid (post teeth grinding), oral pain, ear scratching; 03/02 urinary dribbling.
- Cachexia, mild dehydration; severe DENTAL DISEASE; bilateral BACTERIAL OTITIS EXTERNA (L 4+ cocci, R 1+).
- LABS (02/23)
 - CBC: ELEVATED WBC.
 - CHEMISTRY: LOW TOTAL PROTEIN (LOW ALBUMIN, LOW GLOBULIN); kidneys normal.
 - T4: NORMAL (24.1 nmol/L).
 - URINALYSIS: UTI with rods, hematuria, pyuria, crystalluria.
 - URINALYSIS VIA CYSTOCENTESIS (03/02): Marked improvement.
- ABDOMINAL ULTRASOUND—BRIEF (03/02): Abnormal INTESTINAL WALL LAYERING with THICKENED MUSCULARIS (IBD suspected); suspected INTRA-ABDOMINAL MASS; bladder unremarkable.
- ABDOMINAL ULTRASOUND—FULL (03/03): Performed IN-HOUSE; images to specialist; REPORT PENDING.
- CONVENIA (CEFOVECIN) 02/23; VERAFLUX (PRADOFOXACIN) PO q24h x14d; OTIZOLE AU q12h x10d; GABAPENTIN PO PRN/procedures; CERENIA PRN; MIRTAZAPINE PRN.
- ULTRASOUND SEDATION: IV BUTORPHANOL + additional IM SEDATION.
- HILL'S Z/D recommended; currently WET GASTRO
- Hypoproteinemia with weight loss ? PROTEIN-LOSING ENTEROPATHY (IBD vs INTESTINAL LYMPHOMA).
- Abnormal intestinal layering; suspected abdominal MASS (origin undetermined).
- UTI improving; OTITIS EXT RNA; severe DENTAL DISEASE.
- Confirm/locate MASS and ORGAN OF ORIGIN; characterize intestinal changes; assess LIVER, SPLEEN, PANCREAS, KIDNEYS, ADRENALS, LYMPH NODES, and EFFUSION; advise on FNA/BIOPSY targets and next steps.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, and the wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.87×1.89 cm, with cortical thickness measuring 0.34 cm in the sagittal plane. The cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A 2.81 mm hyperechoic focus with minimal acoustic shadowing is present, consistent with a small developing nephrolith. No pyelectasia or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 3.90×2.33 cm, with cortical thickness measuring 0.38 cm in the sagittal plane. The cortex is mildly hyperechoic relative to the liver parenchyma. The



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corticomedullary ratio is normal and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.24 cm (cranial pole) and 0.21 cm (caudal pole)
- Right adrenal gland: 0.26 cm (cranial pole) and 0.28 cm (caudal pole)

These measurements are within normal limits for cats.

Spleen

Splenic thickness measures 0.50 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and the contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

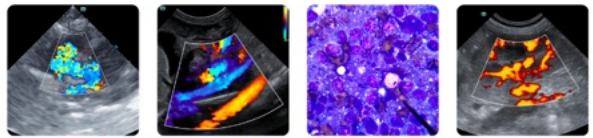
The stomach is empty with fluid present within the lumen. There is marked mural thickening of the gastric wall measuring up to approximately 1.90 cm, with loss of normal wall layering and the presence of multiple nodular lesions distributed along the gastric wall, predominantly affecting the gastric body.

The pylorus measures 3.82 mm with preserved wall layering. Duodenum: 2.13 mm, with preserved wall layering. Jejunum: 2.75–3.27 mm. Mucosa: 1.34 mm. Submucosa: 0.26 mm. Muscularis propria: 1.35 mm. Ileum: 2.64 mm. Mucosa: 0.89 mm. Submucosa: 0.42 mm. Muscularis propria: 1.47 mm. Wall layering remains preserved in the small intestine.

Colon: 1.49 mm, empty and collapsed.

Pancreas

The evaluated pancreatic regions do not show sonographic evidence of overt inflammation or focal mass lesions.



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Peritoneal Cavity

No abdominal effusion or peritonitis is identified.

Several regional lymph nodes appear enlarged and abnormal:

- Left gastric lymph node: 5.55×7.30 mm, rounded and hypoechoic.
- Right gastric lymph node: 1.83×0.95 cm, enlarged, heterogeneous, and hypoechoic.
- Left hepatic lymph node: 1.11×0.66 cm, rounded and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Severe gastric wall thickening with loss of mural layering and multiple nodular lesions involving the gastric body.
- Marked enlargement and abnormal appearance of regional gastric and hepatic lymph nodes.

SECONDARY FINDINGS

- Mild diffuse renal cortical hyperechogenicity.
- Small left renal mineral focus (developing nephrolith).
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This ultrasonographic pattern of the lesion in the stomach is highly suspicious for infiltrative gastric neoplasia. Primary differential diagnoses include:

- Alimentary lymphoma (most likely).
- Less likely: gastric adenocarcinoma, or other uncommon gastric neoplasms (mast cell tumor, leiomyosarcoma, or other sarcomas).

The small intestine demonstrates disproportionate muscularis thickening with preserved wall layering. This pattern is commonly associated with chronic inflammatory enteropathy or small cell lymphoma in cats and may represent either concurrent chronic enteropathy or additional gastrointestinal involvement by the suspected neoplastic process.

The kidneys demonstrate mild cortical hyperechogenicity, which may reflect early chronic renal change. A small developing nephrolith is present in the left kidney but is unlikely to be clinically significant at this time.

Recommendations

- Cytologic or histopathologic sampling of the gastric lesion and/or abnormal lymph nodes is recommended to establish a definitive diagnosis. Endoscopic biopsy or ultrasound-guided sampling may be considered depending on clinical stability and accessibility.



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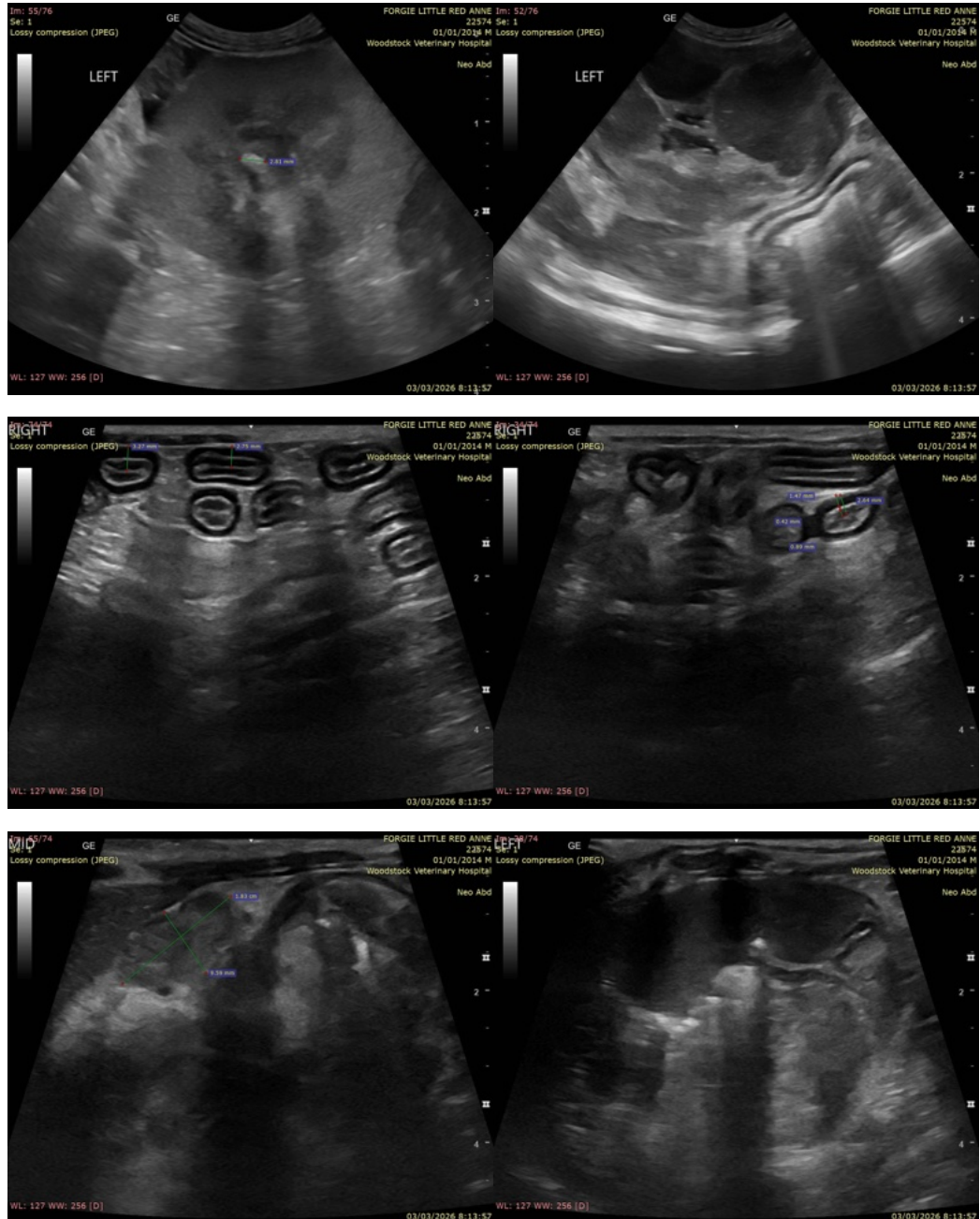
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- If neoplasia is confirmed, thoracic imaging and full staging should be considered to evaluate for metastatic disease.





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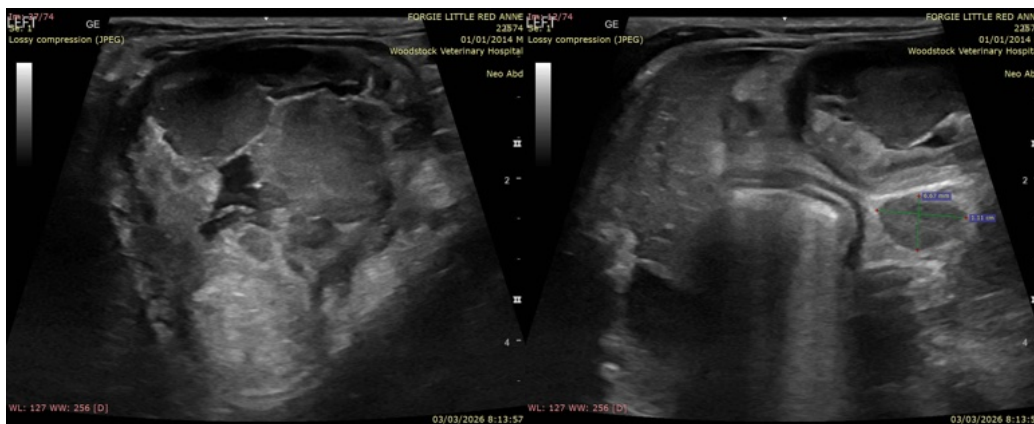
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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